

07/26/01
U.S. PTO

PATENT

Attorney Docket No. TLSLAB.001A

Date: July 26, 2001

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09/26/01
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ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Gene Summy**

For: **CORNER FLASHING SYSTEM**

REQUEST AND CERTIFICATION UNDER 35 U.S.C. § 122(b)(2)(B)(i)

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached publication not be published under 35 U.S.C. § 122(b).

CORNER FLASHING SYSTEM

Enclosed are:

- 15 sheets of formal drawings.
- A Declaration and Power of Attorney.
- Return prepaid postcard.

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES
Basic Fee			\$355	\$355
Total Claims	20 - 20 =	0 ×	\$9	\$
Independent Claims	8 - 3 =	5 ×	\$40	\$200
If application contains any multiple dependent claims(s), then add			\$135	\$
TOTAL FILING FEE		\$555		

- A check in the amount of \$555 to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.

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(X) Please use Customer No. 20,995 for the correspondence address.

John H. Olson

Gordon H. Olson
Registration No. 20,319
Attorney of Record

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Gordon H. Olson

Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : TLSLAB.001A

Applicant(s) : Gene Summy

For : CORNER FLASHING SYSTEM

Attorney : Gordon H. Olson

"Express Mail"

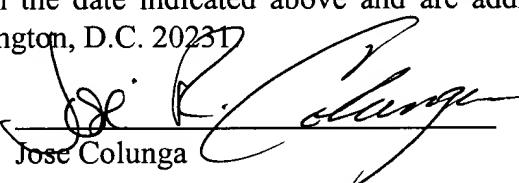
Mailing Label No. : EL613490304US

Date of Deposit : July 26, 2001

I hereby certify that the accompanying

Specification in 21 pages; 15 sheets of formal drawings; SIGNED Declaration and Power of Attorney in 1 page; Check(s) for Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231


Jose Colunga

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San Diego
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Riverside
909-781-9231

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 12-4
		First Inventor or Application Identifier SUZUKI et al.
Title METHOD OF ATTACHING MOLD RELEASING AGENT TO MOLDING DIE, MOLDING APPARATUS AND MOLDING DIE		
Express Mail Label No. 0		

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 jc971 U 515391 09/27/01
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 33] -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] 4. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p>		
<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p>		
ACCOMPANYING APPLICATION PARTS		
<p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>14. <input type="checkbox"/> Other:</p>		

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)*

16. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment:	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group/Art Unit: _____	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
17. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> (Insert Customer Number or Bar Code Label here) <input type="checkbox"/> or <input type="checkbox"/> Correspondence address below	
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Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature			Date 9-27-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.